

July 10, 2014

PROVIDER NO175448

Mr. John Allin, Administrator  
Aberdeen Village  
17500 West 119th Street  
Olathe, KS 66061

**LICENSURE AND CERTIFICATION LIFE SAFETY CODE SURVEY -- RESULTS OF SURVEY**

On July 7, 2014, a Life Safety Code survey was completed at your facility by the State Fire Marshal's Office (SFMO) to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiency in your facility to be an "F" level deficiency, widespread, with no harm with potential for more than minimal harm that is not immediate jeopardy. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

**Plan of Correction (POC)**

An acceptable plan of correction for the deficiencies was required to have been submitted to the Office of the State Fire Marshal within ten calendar days. You were previously provided the Form CMS-2567. Your plan of correction must contain the following:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained); and,
- Include the dates corrective action was completed.

Required remedies will be recommended for imposition by the Center for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance. Informal conflict prevention for the cited deficiencies will not delay the imposition of the enforcement actions recommended. The outcome of a revisit may result in a change in the remedy selected.

### **Recommended Remedies**

Based on the deficiencies cited during your Life Safety Code survey, and as authorized by CMS, we are recommending the following remedies.

Denial of payments for Medicare/Medicaid admissions effective October 7, 2014, if substantial compliance is not achieved by that time as authorized by the Center for Medicare and Medicaid Services.

We are also recommending to CMS that your provider agreement be terminated on January 7, 2015, if substantial compliance is not achieved by that time.

**NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.**

### **Allegation of Compliance**

Failure to achieve substantial compliance in accordance with your allegation of compliance may result in the imposition of a civil money penalty, retroactive to the survey exit date. These remedies may continue until substantial compliance is achieved or your provider agreement is terminated. If your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by Kansas Department for Aging & Disability Services (KDADS).

### **Informal Dispute Resolution (IDR)**

In accordance with CFR 488.331, you have one opportunity to question cited deficiencies through an IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute immediate jeopardy) to:

Brenda McNorton, Director of Fire Prevention Division  
Office of the State Fire Marshal  
700 SW Jackson, Suite 600  
Topeka, KS 66603-3714  
Phone: (785) 296-3401  
Fax: (785) 296-0151.

This request must be made within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action. *If you have any questions concerning the instructions contained in this letter, **please contact Brenda McNorton** at the address and/or phone number shown above.*

Irina Strakhova  
Enforcement Coordinator  
Survey, Certification and Credentialing Commission  
Kansas Department for Aging and Disability Services

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c: Brenda Mc Norton, Director, Fire Prevention Division, SFMO  
Office of the Long Term Care Ombudsman